



DIVISION OF CHILD CARE AND EARLY LEARNING (DCCCL)
**FACILITY LICENSING COMPLIANCE
AGREEMENT CONTINUATION**

Date of inspection:		INSPECTION TYPE	Page ____ of ____
LICENSOR/HEALTH SPECIALIST NAME		TELEPHONE NUMBER (INCLUDE AREA CODE)	
NAME OF FACILITY OR LICENSEE			

WASHINGTON ADMINISTRATIVE CODE (WAC)	NONCOMPLIANCE DESCRIPTION/SUMMARY	PLAN OF CORRECTION	COMPLETE BY:	DATE COMPLETED

Facility Administrator's OR Provider's Initials: _____

Licensors/Health Specialist's Initials: _____

DISTRIBUTION: White - Licensing File Yellow - Applicant/Licensee Pink - Return to Licensors/Health Specialist on Completion of Corrections